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ARMOR CORRECTIONAL HEALTH SERVICES, INC.
And
Milwaukee Central Jail Facility Health Services Policy and Procedures

Health Services
Policy & Procedures

Date: 7/1/05

Revision: 12/3/07

Revision: 2/10/09, 9/9/10

Reviewed: 1/19/12

FACILITY NAME: Milwaukee Central Jail Facility

TITLE: EMERGENCY SERVICES*

NUMBER: J-E-08
Page 1 of 4

Reference: NCCHC: J-E-08* (*Essential)
ACA: 4-ALDF-4C-08*: 4-ALDF-4D-08*(*Mandatory)
FCAC: 19.08
FMJ: 7.07; 7.19

Policy:

- On-site emergency first-aid and crisis intervention services are available for medical, behavioral and dental needs 24 hours per day.
- When medically necessary, patients will be evacuated from the facility via local emergency medical services or other ambulance contracted services.
- Agreements will be made with local Emergency Departments to provide emergency off-site care for patients.
- A practitioner is available for consultation twenty-four (24) hours per day, seven (7) days per week and emergency contact numbers are readily available.
- Correctional and health care staff will be certified in cardiopulmonary resuscitation (CPR/AED) and trained in proper emergency transfer procedures in order to facilitate immediate movement of inmates.
- Emergency drugs, supplies, and medical equipment are regularly maintained.

EXHIBIT 40

Medical Director:

Date:

Procedure:

1. After notification of emergency, health care and/or correctional staff will respond to the area within four minutes.
2. Health care staff will bring the following equipment to the area:
 - a. Wheelchair or stretcher;
 - b. AED;
 - c. Emergency jump bag;
 - d. Portable oxygen.
3. Medical staff will enter the area once it has been secured by corrections.
4. Upon arrival to the scene, health care staff will provide appropriate immediate first aid, measure vital signs, and/or have the patient moved to the clinic area for assessment and treatment when safe to do so. Care will be documented using the "Urgent Care Assessment" (PT-037).
5. If the situation is a life-threatening emergency, first responders will
 - a. Activate Emergency Medical Services (911) immediately;
 - b. Initiate Cardiopulmonary resuscitation (CPR)
 - c. Apply AED and follow prompts.
 - d. CPR support of patient will be continued until relieved by paramedics.
 - e. Security supervisor will be notified of need to transport to Emergency Department (ED).
6. Practitioner on-call will be notified of transfer of the patient if prior approval was not possible due to urgency of medical need.
7. For all other emergencies, health care staff will contact the practitioner for orders if necessary.
8. Urgent transport to the ED may be arranged with contracted ambulance services or correctional vehicle depending on clinical situation.
9. "Emergency Department Transfer Notification" (#AD-003) will be completed, and a copy of any pertinent medical information will be sent with the patient. Health information will be sent in a sealed envelope to the ED with the patient. Transporting officers will be reminded of the need to have the patient and the transfer form returned to the Health Services Unit upon return to the institution.
10. As soon as possible after the patient leaves the facility, health care staff will telephone the ED to give report on the patient's status. In addition, the practitioner on-call will discuss the patient's case and disposition with the ED

physician.

11. Medical Director and Health Service Administrator or designee will be notified of emergency offsite transports as soon as possible and "Emergency Department / Transfer Notification" will be faxed to Armor Health Services Utilization Department at (888) 570-2221.
12. If patient returns from ED:
 - a. ED report will be obtained from security staff.
 - b. Report will be reviewed for pertinent recommendations.
 - c. Practitioner-on-call will be contacted for permission to implement ED recommendations and determination of housing assignment. In most cases, the patient should be observed in the infirmary until evaluated by the practitioner.
 - d. Patient will be re-assessed by nursing personnel, including vital signs. Findings will be documented in Progress Notes.
 - e. ED report will be placed with the Health Record and available for practitioner review on the next business day.
 - f. Patient will be scheduled for next practitioner clinic.
13. If patient is admitted to hospital:
 - a. An entry will be made in the patient's Health Record with periodic updates as the patient's condition changes.
 - b. Upon return from the hospital, the practitioner is to be notified for establishment of plan of continuity.
14. Family notification of emergency events will be the responsibility of the Institutional Authority. Health staff will not contact patient's family members.
15. Names, addresses and telephone numbers of pertinent individuals, the Poison Control Center and emergency ambulance services will be readily accessible in the Health Care Unit.
16. Refer to Policy E-08.3, E-08.4 for utilization management documentation

CONFIDENTIAL

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Page 4 of 4

required for Offsite/Emergency Care.

17. Emergency supplies will be maintained and checked daily. Supply and equipment checks will be documented on the "Emergency Box/Supply Inventory" form (#MG-021A) and the "Emergency Box Check" signature form (#MG-021B).

Forms Referenced in Policy:

Urgent Care Assessment (#PT-037)

Emergency Department Transfer Notification (#AD-003)

Emergency Box/Supply Inventory (#MG-021A)

Emergency Box Check Form (#MG-021B)